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CONFIRMATION NO. 8342

SERIAL NUMBER 09/538,829	FILING OR 371(c) DATE 03/30/2000 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 3852.1000-002
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/216,733 12/21/1998 PAT 6,231,882
 which is a CIP of 09/021,114 02/10/1998 PAT 6,017,545

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****
**** 06/12/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CANADA		10	1

ADDRESS

021005

TITLE

Method for administering insulin to the buccal region

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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